MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB		AMEN	DED	1		gistration District No		Primary	Registration	District	<u> 4002</u>	Registrar's	No. ILZ	FXARP	3-040	304
CM (BI3 3108				—[1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dece										ed. If institution:	Residence before
VS 300	جا	11	1			a. COUNTY						a. STATE MI	ssouri	b. COUNTY	•	admission)
Rev. 4/59	Ş		-	i	_	b. CITY (If outside cor	porate limits, giv	e TOWNSHIP	only)	Length	of slay in 1b	c. CITY		-		Inside Limits
ļ	AMENDED					TOWN St.	Louis,				·	OR TOWN	St. Lo	uis.		Yes 🗆 No 🗔
1	¥.					c. FULL NAME OF (IF I	NOT in hospital,	give location)			Inside Limits	d. STREET		(If cutside,	give location)	Reside on Farm
2215	落				-	INSTITUTION St	. Anthony	y Hospi	tal		Yes No	ADDRESS	3137a	Osceola	St.	Yes No
3					3.	NAME OF DECEASED (Type of print)	First El1ze			Aiddle A	Bue	sche r	4. DAT OF DEA	TH Decem	ber 14, 1	963.
4		11			5.	SEX	6. COLOR OR		Married 🔲		ver Married 🗌	8. DATE OF BIR	TH 9. AG	E (last birthday)		IF UNDER 24 HR
5 9_		11	ı			'emale	White		Widowed X		Divorced [8 /1 3/189	<u> </u>		Months Days	Hours Min.
6	اہ	1 1			104	. USUAL OCCUPATION			. KIND OF B	BUSINES	SS OR INDUSTRY	11. BIRTHPLAC	E (City and 1	state or country)		WHAT COUNTRY
_ I:	Š					during most of working Housewife			At home			St. Lou	is, Mi		U.S.A.	
70		11				FATHER'S NAME					MAIDEN NAME	•			HUSBAND OR WIFE	
H)		1 1				Henry Korte	141 11 C AD115D	- CBCFFA			Jansen Ecurity NO. 1	17. INFORMANT			Buescher	(dec.a)
	€				(Ye	WAS DECEASED EVER	yes, give war or	dates of service	:e) 10. SO							ala C+
9	ايد			_	l	NO. 18. CAUSE OF DEATH						Gregory E	• bues	cner	3137a Osce	TERVAL BETWEEN
10 1	¥			UMENI		PARI I.	DEATH WAS CA	USED BY:			bral -	Thron	nhas	-J~		NSET AND DEATH
11	충능			Š	1 1		IMMEDIATE (CAUSE (a)	-		 	1/101				04.73
	HIS REC			ğ		Condition	ns, if any,) D	OUE TO (b)	Ry	ten	ria sche	405.50	Paret	ral Yes	sels.	bulct.
1273-0	STE	ł				which ga	ve rise to	,oc 10 (b)	-1	<u> </u>						
13	耳뜯	++	+	1		stating t	he under- l	OUE TO (c)	74.	7	ng		<u> </u>	<u> 32火</u>		
	5	1 }	ŀ		ĕ	PART II.	OTHER SIGNIFI	CANT COND	TIONS CON	VTRIBU	TING TO DEATH	d but not related	to the lern	ninel PART	III. If deceased there a pregna	was female was ncy in last 90 days.
73	2				CATION		disease condino	m given in ra	K) 1 (0)	-					☐ Yes 0	
, –	<u> </u>		-		CERTIF	19. WAS AUTOPSY	20a. ACCIDENT		HOMICIDE	20b	. DESCRIBE HOV	W INJURY OCCUR	RED. (Enter n	ature of injury in	PART I or PART I	of item 18.)
إ	ź			1	k	PERFORMED? YES DE NO [~	<i>-</i> ; 				
z	AMENDMEN	} }			EDICAL	20c. TIME OF Hour	Month, Day,	Year	~		<u>. </u>					
	⋖		İ		띭	p.m.		<u> </u>			12	Of, CITY, TOWN,	OR LOCATI	ON	COUNTY	STATE
BLACK INK OR RITER RIBBON		1 }				20d. INJURY OCCURRE WHILE AT WORK	п	e. PLACE OF I	INJURY (e.g. y, street, of	, in or fice bld		101. CITT, TOWN,		014	COGIVIT	J2
	۵					NOT WHILE AT W	ORK [1/-	115		—— 73 1/		_		12/14/1	23
40 =	READ					21. I attended the dec	eased from	6/25	100		. 10	1465		v him alive on	7. 710	
¥	٥	11			1	Death occurred at		6:40	P. M.		m on the	e date stated abov	e, and to the	best of my kno	wledge, from the o	
USE BLACK OR TYPEWRITER	SHOULD			VIT OF		226. SIGNATURE	1256	(Degrees)	pr title)	X	no	226. ADDRESS 7/02	_		Tend	12/16/63
	+	┿	+	ξ	23	BURIAL, CREMATION,	23b. DATE			15	METERY OR CRE	MATORY		ATION (City, tov		(State)
	Š			AFFIDA	E	REMOVAL (Specify)	Dec. 17,	, 1963	Calva	řy (Cemetery			ouis, Mo		
	ITEM			BY A	Gểt	FUNERAL DIRECTOR NO.	rtuary		<u>uis, M</u>	St.	• DE(E RECD. BY LOCA 2 16 196		Can S	mith.	M.D
I	•		•					63118		6.		ant on Doverse Si	da)			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Low S. Benz
Student	Signed No 10. Tachy
Signature of Student Embalmer	
	Licensed Embalmer No. 4249
	2842 Meramec St.
	P. O. Address St. Louis, Mo. 63118

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.